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SUBJECT: VIETNAM'S PRIME MINISTER CHAIRS NATIONAL CONFERENCE ON HIV/AIDS

1. (SBU) Summary: On December 31, 2004 in Ho Chi Minh City, Prime Minister Phan Van Khai chaired a National Conference on HIV/AIDS, the first such meeting he had ever attended. Co-chairing the conference were Deputy Prime Minister Pham Gia Khiem and the Ministers of Health, Labor and Public Security. Representatives of provincial health departments and of international organizations working in HIV/AIDS also joined ministry officials in discussing achievements from 2004 and strategic plans for 2005. Following presentations by the ministries and representatives from the international donor and NGO community, the Prime Minister delivered a strong statement supporting HIV/AIDS activities, calling on all ministries and sectors to make 2005 a year of focused action on HIV/AIDS. Coordination on this complex issue remains a problem for the GVN. End Summary.

#### HIV/AIDS Context in Vietnam

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2. (U) Minister Tran Thi Trung Chien of the Ministry of Health (MOH) began with a presentation on HIV/AIDS epidemiology in Vietnam, including prevalence, distribution and projections. According to MOH data, 56 percent of HIV-infected cases are among intravenous drug users (IDU) and the number of HIV-infected people between the ages of 20 and 39 accounts for almost 80 percent of total cases. MOH estimates also indicate that by the end of 2004 there were 198,000 - 284,000 infected persons in Vietnam. By 2010, MOH estimates that there will be 267,000 - 356,000 people living with HIV/AIDS in Vietnam. The fifteen provincial level entities with highest HIV prevalence rate (in descending order) are Ho Chi Minh City; Quang Ninh; Hanoi; Haiphong; An Giang; Dong Nai; Baria-Vung Tau; Nghe An; Can Tho; Dong Thap; Hai Duong; Lang Son; Thanh Hoa; Khanh Hoa; and, Kien Giang.

3. (U) Minister Chien also reviewed GVN successes and challenges in its effort to control HIV/AIDS. She described as a key achievement the Prime Minister's approval of the first National Strategy on HIV/AIDS Prevention and Control and subsequent coordination of different ministries and sectors to develop the nine Programs of Action of the National Strategy. She reported that MOH had primary responsibility for coordinating the national program under its new HIV/AIDS Prevention and Control General Department. Minister Chien reviewed programs and funding that Vietnam has or intends to implement with international assistance, citing the USAID-supported Policy Project, CDC's Life-GAP program, and funding from the President's Emergency Plan for AIDS Relief (Emergency Plan) as separate resources that have been mobilized.

4. (U) The key challenges and opportunities presented by Minister Chien included: the improvement of the legal framework supporting policies and activities in prevention, intervention, care and support; the participation of and consensus among different ministries and sectors; and the lack of sufficient human resources to implement the National AIDS Program. She also highlighted the limited antiretroviral treatment currently available to AIDS patients.

#### Current Situation in 05/06 Rehabilitation Centers

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5. (U) Minister Nguyen Thi Hang of the Ministry of Labor, Invalids and Social Affairs (MOLISA) reported on the HIV/AIDS situation among drug users and sex workers currently in the GVN's 05/06 rehabilitation centers (Note: These rehabilitation centers are mostly under the management of MOLISA through their relevant provincial Department of Labor, Invalids and Social Affairs (DOLISA) although some are managed by local Provincial People's Committees. The 05 centers detain commercial sex workers and the 06 centers detain IDUs. Although not in all cases, residence in these centers is for the most part involuntary. Rehabilitation programs last for one to two years. End Note.) Minister Hang shared concern over the fact that the number of individuals detained in the 05/06 centers has been

increasing, and HIV infection among IDUs in the 06 centers had increased from 7.8 percent in 1996 to 50 percent in 2004. She also noted with concern the high rate of infectious diseases among HIV infected persons in the centers. Hang stressed the need for increased training to raise awareness and improve understanding about HIV prevention and intervention among local leaders and 05/06 center staff. She emphasized the importance of eliminating stigma and discrimination against persons living with HIV/AIDS (PLWHA). (Note: MOLISA's Department of Social Evils Prevention (DSEP) has primary responsibility for combating "social evils" such as prostitution, drug use and trafficking of women and children. Until recently, government policy defined HIV/AIDS as a social evil. While this ordinance has not officially changed, the GVN stance has and leaders are now beginning to address social perceptions of persons with or affected by HIV/AIDS. End Note.)

#### The Development Challenge

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16. (U) Jordan Ryan, UN Resident Coordinator in Vietnam, put MOH estimates in context, reporting that by 2003 year-end estimates, one in every 75 Vietnamese households had a family member living with HIV/AIDS. Ryan warned of the real threat to future development if the spread of HIV/AIDS in Vietnam remains unchecked. He also praised the GVN for the quality of the National Strategy for HIV/AIDS, for the President Tran Duc Luong's highly publicized meeting with a group of PLWHA in late 2003 and for continued attention focused on HIV/AIDS by PM Khai. In addition to general recommendations for continued development of HIV/AIDS management and leadership in all sectors and all levels, Ryan underscored MOLISA Minister Hang's appeal for addressing stigma and discrimination, especially in three key areas: employment, education and health services.

#### Conclusions of the Prime Minister

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17. (U) Prime Minister Khai spoke at length about the HIV/AIDS problem in Vietnam, acknowledging the seriousness of the situation. Noting the rapid gains Vietnam has made in economic growth, improvements in the quality of life and in poverty reduction since adopting its "Doi Moi" policy in 1986, he emphasized weaknesses in Vietnam's HIV/AIDS prevention efforts and interventions. He openly acknowledged that educating young people on their sexuality and HIV/AIDS is necessary to improve the effectiveness of HIV prevention efforts. He also spoke frankly about commercial sex, recognizing its expansion as a problem and remarking upon the lack of health services and prevention and treatment efforts dealing with that population. He stressed that as an effective method for prevention of the HIV infection, condoms should be cheap and very widely available. Finally, he stressed the problem of stigma and discrimination against PLWHA, and called for further action in this area.

18. (U) The Prime Minister went on to acknowledge that HIV/AIDS prevention and control must be considered as a social development priority in order for Vietnam to preserve the gains it had made. He proclaimed 2005 as the Focused Year for HIV/AIDS Prevention and Control. He stressed that the response to HIV/AIDS was not a matter limited to the health sector or the MOH, and called for mobilizing the entire political and social system, including all ministries, mass organizations and communities, to participate in HIV/AIDS activities.

19. (U) Comment: The Prime Minister's participation in this conference and his remarks clearly place HIV/AIDS as a top priority for the GVN. USG increase in HIV/AIDS funding this year under the Emergency Plan is timely and the USG HIV/AIDS strategy and proposed activities in Vietnam match well the priorities that PM Khai mentioned. Under the Emergency Plan, funding and support will be targeted in the most affected provinces and at the highest-risk groups, including sex workers and intravenous drug users. In particular, new partnerships will be crucial to assist the GVN with its ARV treatment goals and with care and support of vulnerable children and people infected and affected by HIV/AIDS.

110. (U) Comment continued. The Mission's Emergency Plan team shares the GVN's concerns about the high prevalence of HIV in the 05/06 rehabilitation centers and the care and treatment needed for persons in the centers living with HIV/AIDS. This year, the USG plans to coordinate with organizations that are working in the centers and is preparing to start programs that will address the care, treatment and prevention needs of persons transitioning out of the centers. Another critical area raised by the Prime Minister that is a priority in the USG's HIV/AIDS strategy for Vietnam is the need to address stigma and discrimination issues for persons living with or affected by HIV/AIDS.

111. (SBU) Comment continued. While the Prime Minister

thanked the UN, bilateral and international NGO partners for their continuing support in HIV work in Vietnam, Health Minister Chien's presentation of international HIV/AIDS assistance revealed a continuing misperception of the Emergency Plan as a new program that is separate from previous USG-supported HIV/AIDS partnerships and activities. Post has been working to stress the message that the Emergency Plan is an increase in funding to existing partners with an emphasis on coordination across agencies and an expansion to new activities. Another priority emphasized by GVN officials was the participation of different ministries in HIV/AIDS activities and the need for increased support and planning within ministries. The Prime Minister's call for HIV/AIDS education in the secondary school curriculum underscores his point that HIV/AIDS is not a health sector problem alone. At present, however, the role and active participation of ministries and agencies outside the health sector is still limited. The Emergency Plan team at post continues to push for greater involvement of and communication with an inter-ministerial body to facilitate planning and implementation and to coordinate HIV/AIDS activities across agencies. End Comment.

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